



MISSOURI VETERANS COMMISSION
EMPLOYMENT APPLICATION

I AM APPLYING FOR A POSITION IN:

FOR OFFICE
USE ONLY

CLASS

DATE APPOINTED

☐ CEMETERIES

☐ CENTRAL OFFICE

☐ SERVICE TO VETERANS PROGRAM

NAME (LAST)

(FIRST)

(MIDDLE)

SOCIAL SECURITY NUMBER

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER

HAVE YOU WORKED UNDER ANY OTHER NAME?

() ☐ NO ☐ YES IF YES, WHAT NAME(S)?

FOR WHAT POSITION(S) ARE YOU APPLYING?

FOR WHAT TYPE OF EMPLOYMENT ARE YOU APPLYING?

☐ FULL TIME ☐ PART TIME ☐ TEMPORARY ☐ ANY

WHAT IS THE MINIMUM SALARY YOU WILL ACCEPT?

WHAT SHIFTS ARE YOU WILLING TO WORK?

☐ DAYS ☐ EVENINGS ☐ NIGHTS

HAVE YOU EVER BEEN CONVICTED OF, PLEAD GUILTY OR NOLO CONTENDERE TO, ANY MISDEMEANOR OR FELONY CHARGE IN MISSOURI OR ANY OTHER STATE INCLUDING A SUSPENDED IMPOSITION OF SENTENCE OR SUSPENDED EXECUTION OF SENTENCE OR ANY PERIOD OF PROBATION OR PAROLE? IF YES, STATE DETAILS.

A YES ANSWER DOES NOT NECESSARILY EXCLUDE YOU FROM EMPLOYMENT.

☐ YES ☐ NO

HAVE YOU EVER BEEN EMPLOYED BY THE MISSOURI VETERANS COMMISSION?

☐ YES ☐ NO

LOCATION

DATES

HAVE YOUR EVER WORKED FOR ANOTHER STATE AGENCY? (LIST AGENCY AND DATES)

☐ YES ☐ NO

☐ YES

☐ NO

HAVE YOU EVER BEEN DISMISSED FROM ANOTHER STATE AGENCY?

RECORD OF EDUCATION

HAVE YOU GRADUATED FROM HIGH SCHOOL OR OBTAINED A GED?

☐ YES ☐ NO

LIST COLLEGE, UNIVERSITY, VOCATIONAL SCHOOL, OTHERS, BELOW

NAME AND LOCATION	COURSE OF STUDY	SEMESTER HOURS OR CLOCK HOURS COMPLETED	LIST DIPLOMA/DEGREE ATTAINED AND DATE DEGREE ATTAINED
NAME			
LOCATION			
NAME			
LOCATION			
NAME			
LOCATION			
NAME			
LOCATION			

NAME							SOCIAL SECURITY NUMBER		
RECORD OF EMPLOYMENT/MILITARY SERVICE									
Begin with current or most recent employer. Attach additional sheets if necessary.									
NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER		FROM		TO		HOURS PER WEEK	POSITION HELD AND DUTIES	NAME OF SUPERVISOR	REASON FOR LEAVING
		MONTH	YEAR	MONTH	YEAR				
	TELEPHONE NUMBER								
	TELEPHONE NUMBER								
	TELEPHONE NUMBER								
	TELEPHONE NUMBER								
	TELEPHONE NUMBER								
If you are currently certified, registered, or licensed to practice your profession or occupation, give name of association or licensing authority and certification, registration, or license number.									
ASSOCIATION OR LICENSING AUTHORITY					CERTIFICATION, REGISTRATION, OR LICENSE NUMBER, AND EXPIRATION DATE				
MAY WE CONTACT YOUR CURRENT EMPLOYER(S)? <input type="checkbox"/> NO <input type="checkbox"/> YES		<p>I understand that if hired, knowingly giving false or incorrect information may result in forfeiture of my job.</p> <p>A drug screen may be performed on all employees or upon reasonable suspicion and continued employment will be contingent upon negative results.</p> <p>I understand that the Missouri Veterans Commission promotes a drug free work place and agree to random testing as the Commission deems necessary.</p> <p>I authorize the Missouri Veterans Commission to verify my employment with my current and any other of my former employers. I agree to release my current and any of my former employers from all liability for providing the requested information.</p> <p>I authorize the Missouri Veterans Commission to verify my conviction record with any law enforcement organization.</p>							
SIGNATURE							DATE		
TO BE COMPLETED AFTER EMPLOYMENT									
DATE OF BIRTH		MARITAL STATUS				MAIDEN NAME		RACE	
NAME OF PERSON TO CALL IN CASE OF EMERGENCY				RELATIONSHIP			ADDRESS		
TELEPHONE (HOME) ()		TELEPHONE (WORK) ()				CITY		STATE	ZIP CODE